

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212551620					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: Consumers Insurance Group, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHRISTOPHE W STEVENS WOODS ROGERS WACHOVIA TOWER STE 1400 10 S JEFFERSON ST ROANOKE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY 4.) STATE OR COUNTRY OF INCORPORATION: TN </div> <div style="width: 35%;"> DUE DATE: 9/30/2012 SCC ID NO: F1600883 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 1620 GATEWAY BLVD STE 200 CITY/ST/ZIP: MURFREESBORO, TN 37129 </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID SCIORTINO TITLE: PRESIDENT ADDRESS: 1620 GATEWAY BLVD SUITE 200 CITY/ST/ZIP/CO: MURFREESBORO, TN 37129 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DAVID SCIORTINO TITLE: PRESIDENT ADDRESS: 1620 GATEWAY BLVD SUITE 200 CITY/ST/ZIP/CO: MURFREESBORO, TN 37129	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LILLARD BROWN DIRECTOR 1620 GATEWAY BLVD SUITE 201 MURFREESBORO, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES CUNNINGHAM DIRECTOR 1620 GATEWAY BLVD SUITE 201 MURFREESBORO, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R EDWARD GIBBONS DIRECTOR 1620 GATEWAY BLVD SUITE 201 MURFREESBORO, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAY JACKSON DIRECTOR 1620 GATEWAY BLVD SUITE 201 MURFREESBORO, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE LESTER DIRECTOR 1620 GATEWAY BLVD SUITE 201 MURFREESBORO, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD NELSON DIRECTOR 1620 GATEWAY BLVD SUITE 201 MURFREESBORO, TN 37129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID SCIORTINO		DAVID SCIORTINO, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			